

Oregon Medicare Advantage and Cost Prescription Drug Plans

*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
ATRIO Health Plans	MyAdvantage SNP	9%	\$30.60	•							•	•			•	92
	MyAdvantage I Rx	9%	\$39.85	•							•	•			•	92
	MyAdvantage II Rx	9%	\$39.85	•							•	•			•	92
CareOregon Advantage	CareOregon Advantage	46%	\$30.60	•							•				•	77
CareSource	CareSource - SNP	15%	\$30.60	•							•				•	92
	CareSource Plus Rx	15%	\$33.84	•							•				•	92
Clear Choice Health Plans	Value Advantage	10%	\$30.60	•							•	•			•	76
	Traditional Advantage	9%	\$32.44	•							•	•			•	76
Health Net Options Plus	Health Net Options Plus	63%	\$13.72		•				•			•			•	96
	Health Net Options Plus	10%	\$13.72		•				•			•			•	96
Kaiser Foundation Health Plan of the NW	Senior Advantage	1%	\$0.00	•					•			•	•		•	65
	Senior Advantage	34%	\$0.00	•					•			•	•		•	65
	Senior Advantage	18%	\$0.00	•					•			•	•		•	65
Marion Polk Community Health Plan	Marion Polk Community Health Plan	10%	\$14.54	•							•				•	89
ODS Advantage PPO	ODS Advantage PPORx	100%	\$37.40		•						•				•	92
Providence Health Plan	Providence Medicare Extra Plan 1 + RX	37%	\$30.00	•							•				•	85
	Providence Medicare Extra Plan 1 + RX	20%	\$30.00	•							•				•	85
	Providence Medicare Extra Plan 2 + RX	57%	\$30.00	•							•				•	85
Regence BlueCross BlueShield of Oregon	PartA/B plus Drugs	47%	\$17.40		•						•	•			•	96
	Part AB basic drug	45%	\$17.90	•							•	•			•	96
Samaritan Advantage Health Plan	The Samaritan Advantage Special Needs Plan	5%	\$37.62	•						•		•				85
	The Premier Plan	7%	\$37.72	•						•		•				85
Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	44%	\$19.74	•					•			•			•	81
	Secure Horizons Classic Plan	15%	\$23.00	•					•			•			•	81
United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	34%	\$0.00		•				•			•			•	96
	UnitedHealthcare MedicareComp Essential Rx	44%	\$0.00				•		•			•			•	96
	Evercare Plan DP	34%	\$17.89		•				•			•			•	96
	Evercare Plan IP	34%	\$30.20		•				•			•			•	96